

**State of California
Department of Health Services
School Agreement Form**

I, undersigned, as an official representative of the county office of education/school district/school (circle one) listed below, do hereby agree to allow _____, funded under the Office of Family Planning/DHS to conduct Community Challenge Grant Program/Male Involvement Program/Information & Education Program Project activities at my school(s) beginning **July 1, 2004 through June 30, 2005.**

I have reviewed the proposed project and/or curriculum and have received the necessary approval to have it presented to students or other individuals within my jurisdiction.

I, on behalf of my agency, agree that the prospective Male Involvement Program grant can serve:

Estimated total number of participants per year: _____

Age or grade level: _____

Name of school sites: _____

Yes ☐ No ☐ I agree to allow the above agency to deliver the proposed project/curriculum.

Yes ☐ No ☐ I agree that participant data, including ethnicity and grade level, can be collected.

Yes ☐ No ☐ I agree that the above mentioned agency can administer any Male Involvement Program evaluation pre/post surveys.

Agency Name

Phone Number

E-Mail Address

Address: Street/City/Zip Code

Name and Title of Agency Official (Please print or type)

Signature of Agency Official

Date